

UNITED STATES BANKRUPTCY COURT		SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM												
Name of Debtor DELPHI AUTOMOTIVE SYSTEMS LLC		Case Number 05-44640													
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.															
Name of Creditor (The person or other entity to whom the debtor owes money or property): BAY COUNTY TAX COLLECTOR		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.													
Name and address where notices should be sent: c/o Jerry W. Gerde, Esq. 239 E 4th St Panama City, FL 32401		THIS SPACE IS FOR COURT USE ONLY													
Telephone number: (850) 763-8421															
Last four digits of account or other number by which creditor identifies debtor: 12009-043		Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: 5/2/06													
<b>1. Basis for Claim</b> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</td> </tr> <tr> <td><input type="checkbox"/> Money loaned</td> <td>Last four digits of your SS #: _____</td> </tr> <tr> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td>Unpaid compensation for services performed</td> </tr> <tr> <td><input checked="" type="checkbox"/> Taxes Personal Property</td> <td>from _____ to _____ (date) (date)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>				<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Services performed	<input type="checkbox"/> Wages, salaries, and compensation (fill out below)	<input type="checkbox"/> Money loaned	Last four digits of your SS #: _____	<input type="checkbox"/> Personal injury/wrongful death	Unpaid compensation for services performed	<input checked="" type="checkbox"/> Taxes Personal Property	from _____ to _____ (date) (date)	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)														
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<input checked="" type="checkbox"/> Taxes Personal Property	from _____ to _____ (date) (date)														
<input type="checkbox"/> Other _____															
<b>2. Date debt was incurred:</b> <del>1</del> 01-01-06		<b>3. If court judgment, date obtained:</b> N/a													
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.															
<b>Secured Claim</b>															
<b>Unsecured Nonpriority Claim</b> \$ _____															
<input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.															
<b>Unsecured Priority Claim</b>															
<input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.															
Amount entitled to priority \$ _____															
Specify the priority of the claim:															
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)															
<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).															
<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).															
<b>5. Total Amount of Claim at Time Case Filed:</b> \$ <u>16,270.91</u> <span style="float: right;">\$ 16,270.91</span> (unsecured) (secured) (priority) (Total)															
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.															
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.															
<b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Ex. "A"															
<b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.															
Date 2/23/07	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>Jerry W. Gerde, Esq.</i> Atty. for Bay Co. Tax Collector														

*EXHIBIT D*

*Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.*

**NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS**  
BILL# P 822800 2006  
PERSONAL PROPERTY TAX/NOTICE PROPERTY # P 12009-043  
RECEIPT FOR BAY COUNTY

IF PAID IN	11/30/2006	12/31/2006	01/31/2007	02/28/2007	03/31/2007
<b>TOTAL DUE</b>	15,777.85	15,942.20	16,106.55	16,270.91	16,435.26

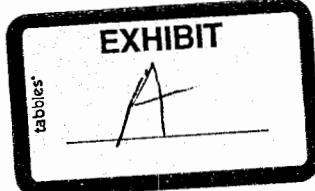
AD VALOREM TAXES  
TAXING MILLAGE TAX  
AUTHORITY RATE AMOUNT

SCHOOL .00514400 \$5,924.52  
RLE  
COUNTY .00416200 \$4,793.52  
LYNN  
HAVEN .00325000 \$3,743.14  
NW FL  
WATER .00005000 \$57.59  
MGT  
SCHOOL .00166400 \$1,916.49  
DISC  
\* TAX BILL AMT \$16,435.26  
\*\* TOTAL DUE \$16,435.26  
**TOTAL AD- VALOREM: \$16,435.26**

NON-AD VALOREM ASSESSMENTS  
TAXING TAX  
AUTHORITY AMOUNT

**TOTAL NON- AD VALOREM: \$0.00**

COMBINED TAXES & ASMTS: \$16,435.26



**UNPAID** **\$16,270.91**  
**BALANCE:**